FORM D

Name of Offering

Type of Filing:

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change.)

(check if this is an amendment and name has changed, and indicate change.)

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ОМВ	Numbe	r:	3235	5-007	6
Expir	es: Au	gust	31,	200	8
Estim	nated av	erage	burd	en	
hours	per res	ponse		.16.0	00

NOTICE OF SALE OF SECURITIES	SEC US	E ONLY
PURSUANT TO REGULATION D,	Prefix	Serial
SECTION 4(6), AND/OR	DATE RE	CEIVED
IFORM LIMITED OFFERING EXEMPTION		SEC
mendment and name has changed, and indicate change.)	多是	TENER THE
Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	Alig	1 à 20h¤
A. BASIC IDENTIFICATION DATA	141_1:	
ne issuer		ngton, DG 104
ndment and name has changed, and indicate change.)		.

(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 917-971-6114

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Brief Description of Business

Address of Executive Offices

Sourcing prodcuts from Southeast Asia to large customers in the US.

Actual or Estimated Date of Incorporation or Organization: 014

✓ New Filing Amendment

Enter the information requested about the issuer

Type of Business Organization corporation

Filing Under (Check box(es) that apply):

International Product Systems, Inc.

Address of Principal Business Operations

(if different from Executive Offices)

945 Encorvado St., Las Vegas, NV 89138

limited partnership, already formed business trust limited partnership, to be formed

> Month Year

Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

other (please sp

PROCESSED

AUG 21 2008

GENERAL INSTRUCTIONS

Federal:

THOMSON REUTERS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC	IDENTIFICATION DATA		
2. Enter the information reque	sted for the foll	owing:	,		
 Each promoter of the 	issuer, if the issu	er has been organize	ed within the past five years;		
Each beneficial owner	having the powe	r to vote or dispose, o	or direct the vote or disposition	of, 10% or more of a c	lass of equity securities of the issuer.
 Each executive officer 	and director of	corporate issuers and	d of corporate general and ma	naging partners of part	tnership issuers; and
Each general and man	aging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Uglow, Bill					
Business or Residence Address 2357 East Reno, Las Vegas		Street, City, State, Zig	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔽 Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in Deson, Sean	dividual)				
Business or Residence Address 345 Encorvado St., Las Vega	•	treet, City, State, Zip	p Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔽 Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if in Poon, Alfred	dividual)				
Business or Residence Address	(Number and S	treet, City, State, Zij	p Code)		
c/o 2357 East Reno, Las Ve	gas, NV 89118	3			
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in Finrock, Jason	dividual)	•		,	
Business or Residence Address 2415 Antrim Irish, Henderso	•	treet, City, State, Zip	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in	dividual)		•		
Business or Residence Address	(Number and S	treet, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)		·	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address	(Number and S	treet, City, State, Zip	p Code)		

					В. 18	NFORMATI	ON ABOU	T OFFERI	NG				
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠	
•.	Answer also in Appendix, Column 2, if filing under ULOE.										_	_	
2.	the state of the s										\$_5,0	00.00	
_												Yes	No
3.			permit join								irectly, any	X	
4.	commis If a pers or states a broker	sion or sim on to be lis s, list the na r or dealer.	ilar remune sted is an ass ime of the b you may s	eration for s sociated pe proker or de set forth the	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state ons of such		
Ful NA		Last name	first, if ind	ividual)									
		Residence	Address (N	Number and	l Street, Ci	ity, State, Z	ip Code)				.		
									_				
Na	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit I	urchasers			<u> </u>			
	(Check	"All States	s" or check	individual	States)		,,,,,,,,					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	1D
	W.	IN I	IA	KS	KY	LA	ME	MD)	MA	M	MN	MS	MO
	[MT]	NE SC	SD	[NH] [TN]	NJ TX	NM UT	ÑŸ VT	NC VA	ND)	OH) WV)	OK WI	OR WY	PA PR
Ent		Last name	first, if ind	ividual)									
rui	ii Naine (Last name	mst, it mo	ividual)					_				
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Bi	roker or De	aler	•				<u>. </u>				
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)	***************************************	,,	*****************			***************************************	□ VI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	III	ID.
	IL MET	NIN NICE		KS	KY	LA	ME	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	VA	WA	WV	WI	WY	PR
Ful	Il Name (Last name	first, if ind	ividual)				<u>-</u>					
Bu.	siness or	Residence	: Address (1		d Street, C	ity, State, 2	Zip Code)		•				
Na	me of As	sociated B	roker or De	aler									
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check "All States" or check individual States)									! States			
	(AL (AK) AZ AR CA CO CT DE DC FL GA								\square	ID			
	IL.	IN NE	IA NV	KS	KY NII	LA	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right)$

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	c
	Debt		\$ 148,500.00
	Equity		\$
	☑ Common ☐ Preferred	•	d.
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	150,000,00	\$
	Total	150,000.00	s 148,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregat e
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	 	s_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<u>P</u>	\$
	Printing and Engraving Costs		§ 0.00
	Legal Fees		\$ 0.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ 0.00

ᆫ	C. OFFERING PRICE, NOM	DER OF INVESTORS	EAT ENGES AND USE OF	TROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This dif	ference is the "adjusted gros	SS	\$150,000.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not know the payments listed n	vn, furnish an estimate an oust equal the adjusted gros	d	
	•			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🕝 \$_75,000.00	
	Purchase of real estate			. 🗆 \$	
	Purchase, rental or leasing and installation of mac			┌┐\$	<u> т</u> .s
	Construction or leasing of plant buildings and fac			-	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of and	other	\$	s
	Repayment of indebtedness			. 🔲 \$	s
	Working capital			\$_73,500.00	□ \$
	Other (specify):			. 🗆 \$	s
				. 🔲 \$	s
	Column Totals			<u>\$ 148,500.00</u>	S 0.00
	Total Payments Listed (column totals added)			. [\$_14	8,500.00
		D. FEDERAL SIG	GNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accu	nish to the U.S. Šecu	ities and Exchange Comm	ission, upon writte	
Iss	uer (Print or Type)	Signature		Date	
	ernational Product Systems, Inc.		Le	8-14-08	
Na.	me of Signer (Print or Type)	Title of Signer (Prin	nt or Type)	1	
	an Deson	Chief Financial Offi	cer and Director		
_		l			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIG	GNATURE			
1.	Is any party described in 17 CFR 230.262 prese provisions of such rule?				Yes 	No X
	See Ap	pendix, Column	5. for state	response.		
2.	The undersigned issuer hereby undertakes to furn D (17 CFR 239.500) at such times as required by		ministrator	of any state in which this notice	is filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to fur issuer to offerees.	rnish to the state	administrat	ors, upon written request, infor	mation furr	iished by the
4.	The undersigned issuer represents that the issue limited Offering Exemption (ULOE) of the state of this exemption has the burden of establishing	in which this not	ice is filed a	and understands that the issuer o		
	ner has read this notification and knows the contents thorized person.	s to be true and has	duly cause	d this notice to be signed on its bo	chalf by the	undersigned
Issuer (Print or Type) S	Signature	// /	Date		
Internat	ional Product Systems, Inc.	Λ	(28 ₇ 14-08		

Tifle (Print or Type)

Chief Financial Officer and Director

Instruction:

Name (Print or Type)
Sean Deson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX		-	·	
1	Intend to non-a investor	No I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Please see attached Shareholder list. Type of investor and amount purchased in State (Part C-Item 2)				ification ite ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	1 1				
AL		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
AK		×						_	
AZ		X							
AR		<u>\</u>	•						
СА		X							
СО		×							
СТ		<u> </u>							
DE		γ						l	<u></u>
DC		X					·		
FL		<u> </u>				-			1
GA		X							
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1L		\\ \tag{\chi}							
IN		8							
IA		<u> </u>							
KS		7							<u> </u>
KY		×	! : 						
LA		<u>X</u>							
ME	<u></u>	<u> </u>		:					1
MD		X							
MA		<u>X</u>							
MI		X							
MN		<u> </u>							<u> </u>
MS									

			*	APP	ENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 finvestor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver (Part E-	te ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	!	8							
MT		8							
NE		γ							,
NV		7_							
NH		γ					· · · · · · · · · · · · · · · · · · ·		
NJ		×							
NM	!								<u> </u>
NY			•						
NC		X							
ND		X							
ОН		<u> </u>							<u> </u> _
ОК	1	¥							
OR		<u>X</u>						<u> </u>	<u></u>
PA		X		_					
RI		X.						<u> </u>	1
SC		<u> </u>							
SD		X						<u></u>	<u> </u>
TN		<u> </u>							
TX		<u> </u>							<u></u>
UT		<u> </u>		_					<u> </u>
VT		[<u>X</u>]	•						
VA		X							
WA		X							
wv		X							!
WI	ر	<u>×</u>							

				APP	ENDIX							
l		2	3	3 4 5 Disqualit			4					
	to non-a	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY		×										
PR		X										

